

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 08/04/2017
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445172	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/31/2017																		
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-SMITH COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030																			
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K 321 SS=D	<p>NFPA 101 Hazardous Areas - Enclosure</p> <p>Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <table border="0"> <tr> <td>Area</td> <td>Automatic Sprinkler</td> </tr> <tr> <td colspan="2">Separation N/A</td> </tr> <tr> <td colspan="2">a. Boiler and Fuel-Fired Heater Rooms</td> </tr> <tr> <td colspan="2">b. Laundries (larger than 100 square feet)</td> </tr> <tr> <td colspan="2">c. Repair, Maintenance, and Paint Shops</td> </tr> <tr> <td colspan="2">d. Soiled Linen Rooms (exceeding 64 gallons)</td> </tr> <tr> <td colspan="2">e. Trash Collection Rooms (exceeding 64 gallons)</td> </tr> <tr> <td colspan="2">f. Combustible Storage Rooms/Spaces (over 50 square feet)</td> </tr> <tr> <td colspan="2">g. Laboratories (if classified as Severe Hazard - see K322)</td> </tr> </table> <p>This STANDARD is not met as evidenced by: Based on an observation, the facility failed to maintain a hazardous area.</p> <p>The finding included:</p> <p>Observation on 07/31/2017 at 9:14 AM, revealed 2 of 4 natural gas line penetrations behind the</p>	Area	Automatic Sprinkler	Separation N/A		a. Boiler and Fuel-Fired Heater Rooms		b. Laundries (larger than 100 square feet)		c. Repair, Maintenance, and Paint Shops		d. Soiled Linen Rooms (exceeding 64 gallons)		e. Trash Collection Rooms (exceeding 64 gallons)		f. Combustible Storage Rooms/Spaces (over 50 square feet)		g. Laboratories (if classified as Severe Hazard - see K322)		K 321	<p>K 321 - NFPA 101 Hazardous Areas - Enclosure</p> <p>No adverse outcomes to residents were identified. All residents have the potential to be affected. Upon discovery of the 2 out of 4 natural gas line penetrations behind the dryer not being sealed, the Maintenance Director immediately sealed the lines.</p> <p>The Maintenance Director/designee will inspect all exposed gas line penetrations identified in the facility. The inspection task will be added to the facility's maintenance system program. Any issues identified will be immediately addressed and reported to the facility's monthly safety meeting.</p> <p>The Maintenance Director/designee will inspect all exposed gas line penetrations identified monthly for 3 months, and continued quarterly. Issues identified will be reviewed at the monthly safety meeting. Further monitoring to be determined by the Quality Assurance Committee.</p>	8/24/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 321	Continued From page 1 dryer not sealed. NFPA 101, 19.3.2.1 (2012 edition) The maintenance director was present when this finding was identified, and was later acknowledged by the administrator during the exit conference on 07/31/2017.	K 321			